



Alachua County Public Schools  
Early Intervention Services  
Head Start / VPK Program  
3600 NE 15 Street, Gainesville, FL 32609  
(352) 955-6875

## REQUEST FOR INFORMATION

Child's Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Dear: \_\_\_\_\_

### The following information is necessary to complete the application process for your child:

- Proof of your family's income:
  - Income tax form (1040, W-2).
  - Employer's statement verifying annual income for each working adult in the home.
  - Have TANF (formerly A.F.D.C.), send a copy of your latest check or a letter from the Children and Families Economic Services stating the amount of your check.
  - Other: \_\_\_\_\_
- Your child's birth certificate (copy).
- Birth affidavit.
- Guardianship documentation.
- Social Security card for your child (copy).
- Two (2) different proof of residence with name and street (911) address (a copy of any of these bills: utility, home telephone, cable, gas, rent receipt, property tax notice). For 911 address information call 338-7361.
- Completed and notarized Affirmation of Address form.
- Your child's Immunization Record, Florida Certificate of Immunization HRS 680.  
(A Blue Card may be obtained at your local Health Department.)
  - Expires \_\_\_\_\_ Please provide updated copy.
- Letter from physician stating the special needs of your child (hearing, health, behavior, etc.).
- Evaluation from a certified speech pathologist.
- Physical exam (Medicaid eligible applicants must provide a copy of a physical).
  - Expires \_\_\_\_\_ Please provide updated copy.
- Your signature is required on form: \_\_\_\_\_
- Other: \_\_\_\_\_

### Please return to:

Fearnside Family Services Center, 3600 NE 15 Street, Gainesville, FL 32609 ---- Fax: 352-955-6965

Sincerely,

\_\_\_\_\_  
Head Start/VPK Staff